

**APPLICATION FOR  
SUPPLEMENTAL EDUCATIONAL SERVICE  
PROVIDERS**

Pursuant to the Federal No Child Left Behind Act  
Section 1116(e)(1)

**IOWA DEPARTMENT OF EDUCATION  
GRIMES STATE OFFICE BUILDING  
DES MOINES, IOWA 50319-0146**

This Application Form was adapted from the *SEA Toolkit on Supplemental Educational Services*, developed by the Council of Chief State School Officers (CCSSO) and the Education Quality Institute (EQI).

It is the policy of the Iowa Department of Education not to discriminate on the basis of race, color, national origin, gender, disability, religion, creed, age or marital status in its programs or employment practices. If you have questions or grievances related to this policy please contact the Chief, Bureau of Administration and School Improvement Services, Grimes State Office Building, Des Moines, Iowa 50319-0146, 515-281-5811

06/16/05

## **Purpose and Intent**

This application is issued to select the providers of supplemental services that will be included on the Supplemental Services Provider (SSP) list. This is not a competitive grant in that as many providers can be included in the SSP list as meet the criteria specified below. The list will be maintained by the Department of Education and will indicate which of the approved providers offer supplemental services in each school district.

The *No Child Left Behind Act* requires that the state promote maximum participation by providers to ensure, to the extent practicable, that parents have as many choices as possible. The state list will be updated at least annually. Each year there will be an opportunity for new providers to demonstrate that their organization meets the requirements. Providers of supplemental services can also be removed from the list annually subject to the conditions listed in this application.

It is expected that instruction will be primarily in the areas of reading and math in order to help students achieve their local school district's standards, as demonstrated by improved district wide achievement scores.

## **Background**

Under the new Title I, Part A, of the *No Child Left Behind Act* (Elementary and Secondary Education Act), low-achieving, disadvantaged students attending schools that do not make adequate yearly progress for three consecutive years (i.e., schools are in their second year of improvement) may receive supplemental education services. States are responsible for identifying eligible supplemental service providers (SSPs). Parents choose the SSP for their children from among the providers approved by the state for their school district.

State education agencies must develop and apply objective criteria to create approved lists of SSPs. States must also consult with parents, teachers, school districts and interested members of the public to identify a wide array of SSP options for students. States must update this list of approved SSPs on at least an annual basis, and must provide a list for school districts of the approved providers in their geographic area.

School districts are required to arrange for the provision of these supplemental education services, and must provide parents with information on the availability of supplemental education services, the identity of approved service providers, and, at a minimum, a brief description of the services, qualifications, and demonstrated effectiveness of each provider.

## **Definitions**

**Supplemental Services** are tutoring or other education services that provide extra academic assistance to students outside the regular school day. The *No Child Left Behind Act* states that these services must be of high quality, research-based, and specifically designed to increase the academic achievement of eligible children.

**Service Provider** is defined as a non-profit entity, a for-profit entity, or a school district. Entities eligible to apply to provide supplemental services may include, but are not limited to:

- Community agencies
- Local Educational Agencies
- Public schools
- Private schools
- After-school programs
- Child care centers
- Public schools
- Libraries
- Community colleges
- Private companies
- On-line schools
- Family literacy programs/Even Start programs
- Boards of Cooperative Educational Services(BOCES)
- Faith-based organizations

### **Eligibility Requirements**

At a minimum, to be included on the approved list of supplemental services providers, applicants must meet the following criteria:

- Have a demonstrated record of effectiveness or have a high probability of increasing student academic achievement.
- Provide supplemental educational services that are consistent with the local school district's academic standards.
- Provide instruction that is of high quality, research-based, and specifically designed to increase academic achievement of eligible children on local school district assessments and attain proficiency in meeting the local school district's academic achievement standards. Reading instruction must be scientifically based and proven to be effective and include the National Reading Panel Report criteria ([www.nifl.gov](http://www.nifl.gov)).
- Provide letters of reference to parents and schools.
- Be financially sound.
- Provide instruction in addition to what is provided during the school day.
- Provide instruction that is secular, neutral and non-ideological.
- Meet all applicable Federal, State, and local health, safety, and civil rights laws.

### **Responsibilities of the Approved Provider**

Entities included on the Supplemental Services Provider list are required to do the following:

- √ Ensure that the instruction provided is aligned with the local school district's academic achievement standards and in the case of a student with disabilities, is consistent with the student's individualized education program under section 614(d) of the Individuals with Disabilities Education Act.
- √ Provide parents of children receiving supplemental educational services and the appropriate school with information on the progress of the children in increasing

- achievement, in a format and, to the extent practicable, in a language that such parents can understand.
- √ Ensure all that employees who will interact with students will be fingerprinted and have a background check.
  - √ Enter into an agreement with the local school district that includes:
    - A statement of specific achievement goals for each student based upon the child's specific educational needs
    - A description of how the student's progress will be measured
    - A timetable for improving achievement, that, in the case of a student with disabilities, is consistent with the student's Individual Education Program
    - The amount of instructional time to be provided
    - The location where services will be provided
    - The means of transporting children to the place of instruction, if the services will be provided in a location other than student's school
    - A description of how the student's parents, teacher(s) and school district will be regularly informed of the student's progress
    - Provisions for the termination of such agreement
    - Provisions with respect to the making of payments to the provider by the school district
    - An assurance from the provider that the identity of any student eligible for, or receiving, supplemental educational services will not be disclosed without the written permission of the parents of the student
    - Evidence of interaction with students if the provider uses a web-based program
    - A description of the scientifically based program to be utilized with specific references
    - The qualifications of staff responsible for the delivery of the instructional program

### **Responsibilities of the School District**

Qualifying school districts are required to:

- √ Identify eligible students
- √ Notify parents annually (in an understandable and uniform format, and, to the extent practicable, in a language the parents can understand) of:
  - The availability of supplemental services
  - The approved providers whose services are within the school district or whose services are reasonably available in neighboring school districts
  - A brief description of the services, qualifications, and demonstrated effectiveness of each approved provider to assist the parent in selecting a provider
- √ Contact providers selected by the parents and enter into a contractual agreement on behalf of the student

√ Monitor the “Responsibilities of the Approved Provider” listed above

Districts are not required to provide transportation to those services offered away from the school location.

### **Funding**

**The school district is only required to spend its per pupil allocation of federal Title I funding or the actual cost of the supplemental services, whichever is less( i.e. a district per pupil Title I allocation might be \$250. Only \$250 or less may be allocated by this district for supplemental services).** The annual Title I allocation for school districts is available at: <http://www.state.ia.us/educate/ecese/nclb/index.html>

### **Duration and Monitoring**

The Iowa Department of Education, in cooperation with the applicable school districts, is required to monitor the quality and effectiveness of the services offered by approved providers and to withdraw approval from providers that fail, for two years, to contribute to increasing the academic proficiency of students to whom they provide services or that fail to meet any of the other eligibility requirements or assurances. The Iowa Department of Education monitoring will be conducted through contact with local school districts to ascertain an evaluation and demonstration of the effectiveness of providers. A violation of any of the above referenced Service Provider responsibilities constitutes grounds for immediate removal from the state list.

A district must continue to offer supplemental services until the school(s) in question is no longer on school improvement according to requirements of NCLB.

### **Reporting**

In May of each year, the provider is expected to submit to the school a final written report that summarizes the progress of all students provided with supplemental services. The district will submit this report to the Iowa Department of Education for review. This information will be used to help determine if a provider will remain on the state approved list. The report form will be placed on the Iowa Department of Education web site and may be downloaded.

### **How To Submit An Application**

One (1) original and two (2) copies, for a total of three (3), must be submitted to Paul Cahill, Third Floor, Grimes state Office Building, East 14<sup>th</sup> and Grand Avenue, Des Moines, Iowa 50319-0146. Applications may not be sent by Fax, e-mail, or by any other electronic means. No handwritten applications will be accepted.

### **Question and Answers**

Questions and answers from direct inquiries will be posted on the Iowa Department of Education web site.

### **How the Applicants are Selected**

The Iowa Department of Education will train reviewers to read and score the grant applications. Based on the quality of the applications, applicants will:

1. receive full approval as a two-year supplemental service provider or
2. be denied as a supplemental service provider if the articulated criteria are not sufficiently met.

The Department reserves the right to deny all applications if the articulated criteria are not sufficiently met.

### **Scoring**

Each section of the application has been assigned a point value. Points will be awarded according to the thoroughness with which the applicant addresses each section. The total number of points to be awarded is 555. To be awarded state provider approval, an applicant must score a minimum of 420 points.

### **Notification of Acceptance**

Applicants will be notified of the results of their application within six (6) weeks of submission. The SSP list will be posted on the Iowa Department of Education web site. Applicants that do not meet the qualifications may reapply in future years. Upon request, the reasons for denial will be provided to the applicant.

## **APPLICATION FOR SUPPLEMENTAL SERVICE PROVIDERS**

**Instructions.** Please review and follow all directions carefully when completing this application. Applications that exceed the page limits listed on the application form or the required format will not be considered. No supplemental material beyond what is specifically requested in the application will be considered. If you have any questions please contact **Paul Cahill, Title I Administrative Consultant, Iowa Department of Education** at (515) 281-3944.

### **Required Format**

Please provide the information in the order indicated on the application form and instructions. In addition:

- Use no smaller than 12 pt. type
  - Use a document footer with entity name and page numbers
  - Allowable attachments are limited to letters of reference and printed brochures describing the services provided. Proposal reviewers will not be required to read additional attachments. Attachments such as CDs, videotapes or other multimedia productions cannot be accommodated.
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- Completed applications should be mailed to: **Paul Cahill, Title I Administrative Consultant, Iowa Department of Education, Grimes State Office Building, Des Moines, Iowa 50319.**

**Section I. Basic Program Information** *(Limit 2 pages)*

<b>1. Program Name</b>	
<b>2. Federal EIN or Social Security Number</b>	
<b>3. Subject Areas Covered</b>	<i>Please list all major subject areas you address in working with students.</i>
<b>4. Date SSP Formed</b>	<i>Please list the date (month, year) in which you first delivered supplemental educational services to students.</i>
<b>5. Application Type</b>	<p><i>Applicant must decide whether they wish to apply for full or conditional approval</i></p> <p><input type="checkbox"/> <i>Full approval – Applicant has prior history of delivering supplemental services to students. Applicant seeks a two year approval.</i></p> <p><i>School Years for which you are applying (ie: 2005-07): _____</i></p> <p><input type="checkbox"/> <i>Conditional approval - Applicant has no prior history of operating supplemental service to students. Applicant seeks initial approval for one year.</i></p>
<b>6. Grade Levels Currently Served</b>	<i>Please list the grade levels of your students.</i>
<b>7. Grade Levels Able to be Served</b>	<i>Please list the grade levels you would be able to serve in the coming academic year.</i>
<b>8. Number of Students Currently Served</b>	<i>Please provide the number of students you currently serve, by grade level.</i>
<b>9. Maximum Number of Students Able to Serve in 2004-2005</b>	<i>Please provide an estimate of the maximum number of students in this state that you will be able to serve next year while maintaining quality service and results.</i>

<b>10. Service Area</b>	<p><i>Please list the district(s) and school(s) in which you are able to provide services.</i></p> <p>District(s): School(s):</p>
<b>11. Geographic Setting</b>	<p><i>Check the setting(s) in which you have provided services to students in the past.</i></p> <p><input type="checkbox"/> Urban    <input type="checkbox"/> Rural    <input type="checkbox"/> Suburban</p> <p><i>Check the setting(s) in which you are prepared to provide services to students in the future.</i></p> <p><input type="checkbox"/> Urban    <input type="checkbox"/> Rural    <input type="checkbox"/> Suburban</p>
<b>12. Place of Service</b>	<p><i>Check the location(s) that best describes where you deliver services to students.</i></p> <p><input type="checkbox"/> School  <input type="checkbox"/> Business  <input type="checkbox"/> Place of religious worship (e.g., church, synagogue, mosque, temple)  <input type="checkbox"/> Community center  <input type="checkbox"/> Your home  <input type="checkbox"/> Student's home  <input type="checkbox"/> On-line  <input type="checkbox"/> Other: _____</p>
<b>13. Specific Student Populations Served</b>	<p><i>If your organization has provided supplemental services to any of the following groups, please check the corresponding box.</i></p> <p><input type="checkbox"/> Low-income students  <input type="checkbox"/> Minority students  <input type="checkbox"/> Migrant students  <input type="checkbox"/> Limited English proficient students              Indicate particular language(s) with which you have expertise              _____</p> <p><input type="checkbox"/> Special education students  <input type="checkbox"/> Other: (describe) _____</p> <p><i>Please indicate if you wish to only be considered for service toward specific subgroups of children because of special expertise in some areas: _____</i></p>



<b>14. Type of Organization</b>	<p><i>Check the category that best describes your organization.</i></p> <p> <input type="checkbox"/> For profit    <input type="checkbox"/> Not for profit    <input type="checkbox"/> School entity  <input type="checkbox"/> Institution of higher education </p> <p><input type="checkbox"/> Other (describe) _____</p>
<b>15. Time of Service</b>	<p><i>Check the time(s) that best describe when you deliver services to students.</i></p> <p> ____ Before School  ____ After School  ____ Weekends  ____ Summer  ____ Other: _____ </p>
<b>16. Mode of Instructional Delivery</b>	<p><i>Please describe the methods in which your program delivers instruction to students (i.e., on-line/Web-based, individual tutoring, small group instruction, etc.)</i></p>
<b>17. Student/ Instructor Ratio</b>	<p><i>List the ratio of instructors to children in your program.</i></p> <p>_____ students for every 1 instructor</p>
<b>18. Cost</b>	<p><i>Provide an average per pupil cost, per unit of service (please describe the length of a typical unit of service (i.e., one hour, one month, one semester, one year, etc.) OR provide a <u>specific</u> description of your pricing structure.</i></p>
<b>19. Transportation</b>	<p><i>Provide information about accessibility to public transportation from your site.</i></p>
<b>20. Provider Contact Information</b>	<p> Contact Person Name:  Street Address:  City: _____ State: _____ ZIP: _____  Phone: (    )    -  Fax: (    )    -  Email:  Web site:  Hours of operation: </p>

<p><b>21. Program Description</b></p>	<p><i>Provide a very brief (3 sentences maximum) description of your program's offerings that parents could use in their initial search for providers.</i></p> <p><i>Please also indicate which keywords best match your program's offerings:</i></p> <p> <input type="checkbox"/> Individual tutoring      <input type="checkbox"/> Small group interaction  <input type="checkbox"/> Reading   <input type="checkbox"/> Math      <input type="checkbox"/> Behavior/Discipline  <input type="checkbox"/> Motivation      <input type="checkbox"/> English language acquisition </p> <p>You may suggest additional keywords that might be included in a searchable database of providers:</p> <p>_____</p> <p>_____</p> <p>_____</p>
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## Section II. INDICATORS OF QUALITY

The following measures will help the application review team determine the quality of services you provide.

### **A. Evidence of Effectiveness** (*Limit 2 pages*)

Provide descriptions of your program's evidence of effectiveness indicators for at least two of the following indicators. Please cite all sources of evidence.

These indicators are listed in order of priority, with strongest consideration given to evidence of positive impact on student achievement on state, district or another nationally available tests, particularly for low-income underachieving students. Evidence of positive impact on additional outcomes will also be considered (e.g., school grades, family/parent satisfaction, student discipline, student attendance, and/or retention/promotion rates), as well as provider conducted studies, database information on student outcomes, and other sources of evidence. However, please note that priority will be given to third-party, independent research (see the U.S. Department of Education Web site on scientifically based research for more guidance:

<http://www.ed.gov/offices/OESE/esea/research/index.html>).

If yours is a newly -developed program, you will not have a record of effectiveness to draw upon. In this case, you may apply for *conditional approval*. For conditional approval, we will weigh heavily the indicators in Part B. If approved, you would be listed with other new programs that sought "Year 1 Conditional Approval."

You must provide evidence of effectiveness to address number 1 and at least 2 additional categories below in order to be approved.

1. Provide evidence that your program has a positive impact on student achievement on district and/or another independent, valid and reliable performance test, particularly for low-income, underachieving students (cite available research studies or data indicating successful student achievement).
2. Provide evidence that your program has a positive impact on student performance using a measure that is not national or statewide (i.e. a test you developed) OR using school grades, homework completion, or school/teacher administered subject area test (cite available research studies).
3. Provide letters of reference from previous clients (families, schools, districts, students, teachers, etc.) offering testimonial information on the positive impact of your program. Provide contact information, start and end dates of service provided, and school and school district name for each reference. (Submit a minimum of 5 letters and a maximum of 10).
4. Provide additional evidence of improved outcomes, such as student attendance, retention/promotion rates, graduation rates, family/parent satisfaction, and/or student behavior/discipline (cite available research studies).

**B. Evidence of Links Between Research & Program Design** (*Limit 1 page*)

Your application in this area will be evaluated based on the extent to which you are able to clearly and specifically explain how the key instructional practices and major design elements of your program are (1) high quality, (2) based on research, and (3) specifically designed to increase student academic achievement.

For SSPs that offer reading instruction, the findings of the National Reading Panel(<http://www.nationalreadingpanel.org/>) must be addressed by the program design.

1. Explain the instructional practices used with students including the theoretical and empirical rationale behind major elements of your program (research citations must be included). Examples of “major elements” may include mode of instruction, class size, time on task, etc.

**C. Connection to Local District(s) Academic Reading and Mathematics Standards and Instructional Program(s)** (*Limit 1 page*) (Optional for local districts)

Your application in this area will be evaluated based on the extent to which you are able to clearly and specifically describe your program’s connection to local district(s) academic reading and mathematics standards and instructional program(s). Your description should address both of the following indicators.

**D. Monitoring Student Progress** (*Limit 1 page*)

Your application in this area will be evaluated based on the extent to which you clearly describe the specific programs and practices you use to diagnose a student’s needs, prescribe an instructional program to meet that student’s needs, and evaluate and monitor that student’s progress towards clearly identified goals. Your description should address all three of the following indicators.

1. Describe the specific process you use to assess/diagnose student needs, identify skill or knowledge gaps, and prescribe an instructional program based on the student’s individual needs.
2. Describe the specific process you use to evaluate, monitor, and track student progress on a continuous and regular basis.

3. Describe how you develop a timetable for each student's achievement gain that includes clear goals for the student.

**E. Communication with Schools and Districts** (*Limit 1 page*) (Optional for local districts)

Your application in this area will be evaluated based on the extent to which you can demonstrate a clear link between the academic program a student experiences in the regular school day and the instruction and content of the supplemental educational program you provide. Clearly explain the specific methods, tools, and processes you use to communicate student progress to schools and describe how you ensure a connection between the school program and your own services. Your description should address both of the following indicators.

1. Describe how you ensure a connection between your instructional program and the program in place at the your students' school(s). If your program differs from the district's prevailing instructional or curricular approach, explain why it differs and how it meets student academic needs.
2. Describe the specific procedures you use to report on student progress to your students' teacher(s) and appropriate school or district staff (be sure to state how often you use this procedure).

**F. Communication with parents and families** (*Limit 1 page*)

Your application in this area will be evaluated based on the extent to which you can demonstrate a consistent and specific process for providing parents and families of your students with information on the progress of their child in increasing achievement, and providing that information in a format and language that parents can understand. Clearly explain what methods, tools, and processes you use to communicate student progress to your students' parents and families. Your description should address at least two of the following indicators.

1. Describe the specific procedures you use to report on student progress to your students' parents/families (be sure to state how often you use this procedure).
2. Describe your services to parents and how you involve parents in creating a timetable/goals for their child's academic progress.
3. Describe how you work to accommodate the needs and schedules of working parents.

4. Describe your process for resolving any disputes or conflicts you or your staff may have with parents.
5. Are parents required to participate in the service you provide? If yes, describe their expected role and how you work with parents to explain this role.
6. Do you train staff to work with parents? If yes, please describe this training (include an explanation of the content, to whom and when it is offered).
7. Are you able to provide information to parents and families in languages other than English? If so, which languages?

**G. Qualifications of Instructional Staff** (*Limit 1 page*)

Your application will be evaluated based on the extent to which you offer strong evidence of highly qualified staff and have demonstrated a commitment to ongoing professional development and improvement of your own products and services.

You may use the following as sources of evidence:

- The amount and quality of training provided to program staff;
- Years and level of work experience, particularly in working with Title I students;
- Highest degree attained; and/or
- Certification of staff.

If you employ fewer than 5 staff members, please submit a resume for each staff member (outlining employment experience, professional development experiences, and professional affiliations).

Your description should address all of the following indicators.

1. Describe your staff qualifications to provide high quality supplemental services (see instructions above for a list of possible evidence of staff qualifications).

2. Describe your (and/or your staff's) experience in working with Title I students.
3. Describe professional development you (and/or your staff) attend to improve your instruction, products, and services (include an explanation of the content, to whom and when it the training is/was offered).
4. Describe your process for recruiting and hiring high quality staff, offering ongoing training opportunities, and regularly reviewing staff performance.

**H. Financial and Organizational Capacity** (*Limit 1 page*) (Optional for local district)

Your application will be evaluated based on the extent to which you offer strong evidence of your capacity to deliver quality services over time and at scale.

You may use the following as sources of evidence:

- Copies of business license or formal documentation of legal status with respect to conducting business in the state (and district(s), if applicable);
- Contracts, warranties, or guaranties for services provided;
- Proof of liability insurance (company name and policy number, or a copy of the policy cover page);
- A description of how the provider currently receives funds (i.e. grants, fees-for-service, etc.);
- Audited financial statements;
- Credit ratings from an independent rating agency;
- Business plans or profiles that might include: goals, timelines and expected outcomes; detailed action steps; descriptions of financial and staff resources; organizational budgets that account for revenues and expenses and cash flow activity; and outlines of roles and responsibilities of staff within the organization.
- Descriptions of an experienced management team (e.g. CEO, CFO, COO, Marketing Director, Director of Staff Development, etc.) and senior staff members who help set direction and maintain a leadership system.
- Samples or descriptions of formal contract, data collection, accounting, and communications processes and systems.

Your description should address point 1 below (financial stability) and at least one additional indicator from this category.

1. Submit evidence demonstrating that your organization is financially sound. Your evidence may include: a description of how you currently receive funds (i.e. grants, fees-for-service, etc.); audited financial statements; credit ratings from an independent rating agency; organizational budgets that account for revenues, expenses and cash flow activity; and/or proof of liability insurance (include company name and policy number, or a copy of the policy cover page).
2. Submit evidence demonstrating that your organization has a sound management structure. Your evidence may include: business plans or profiles; descriptions of an experienced management team (e.g. CEO, CFO, COO, Marketing Director, Director of Staff Development, etc.) and senior staff members who are involved in setting direction and maintaining a leadership system that enables your students reach high standards.
3. Submit evidence demonstrating that your organization possesses adequate organizational resources to meet consumer demand. Your evidence may include: business plans or profiles, descriptions of financial and staff resources.
4. Do you issue contracts, warranties, or guarantees for services provided? If yes, please describe this process and submit a sample document.
5. Do you maintain formal contract, data collection, accounting, and communications processes and systems? If yes, please describe these systems.
6. Submit copies of business license or formal documentation of legal status with respect to conducting business in the state.

**I. Compliance with Federal, State and Local Health & Safety Standards** (*Limit 1/2 page*)

Your application will be evaluated based on the extent to which you comply with federal, state and local health and safety standards. Your description should address all of the following indicators

1. Do you conduct criminal background checks on all employees before hiring? (Check



one.)

☐

Yes

☐

No

2. Describe your safety record and procedures.

3. Describe the location and environment in which your services are provided.

**J. Compliance with Federal, State and Local Civil Rights Protections** (*Limit ½ page*)

Your application will be evaluated based on the extent to which you comply with federal, state and local civil rights protections for program employees *and* participants. It should be noted that providers who are religiously affiliated are prohibited from refusing to hire otherwise qualified tutors or denying students who are not of that religion. SSPs must ensure that instruction is secular, neutral and non-ideological. Your description should address all of the following indicators that apply.

1. Submit evidence demonstrating that your organization complies with federal state and local civil rights protections for your employees.
2. Submit evidence demonstrating that your organization complies with federal state and local civil rights protections for its students.
3. Submit an assurance that your organization offers instruction that is secular, neutral and non-ideological.
4. If you intend to provide services to students with disabilities, submit evidence demonstrating that your organization complies with IDEA and ADA requirements.

**K. Narrative Description of Program** (*Limit 2 pages*)

Please summarize your program in a narrative form that can be used to market your service to schools, parents or districts. All items in this narrative should have been provided to the SEA for evaluation purposes in the various sections above.

Narrative descriptions should include a description of:

- Your approach or model of instruction including the amount of face-to-face direct instruction time with student(s).
- How student needs are assessed/diagnosed, skill gaps are identified, and how an instructional program/intervention is prescribed based on the student's individual needs;
- How services offered will help Title I students improve their achievement;
- Staff training;
- The program facilities/equipment, including technology, computers and software;
- Instructional materials provided (and those the student is required to provide, if any);
- Specific strategies used to work with parents/families;
- Specific strategies used to work with school personnel; and
- Specific strategies to evaluate programs effectiveness.

Please summarize your program in a narrative form.